

Registration Form

Wichita Department of Park and Recreation

<i>Office use only</i>			
CA	CK	MC	VS
Date Received: _____			

Return complete form with fee to the recreation center where the class is being held. Please make your check payable to the Department of Park and Recreation.

☐ Please check here if your address has changed within the last 12 months.

Parent/Guardian Names *(if enrolling a child):* _____

Street _____ **City** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Visa __ **MasteCard** __

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Exp. Date: _____ **Names as appears on card:** _____

Bar Code	Location	Class Name	Day	Time	Participant's Name	Birth Date	Fee